

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

43325

State File No. ....

FILED JAN 8 1951

REG. DIST. NO. 339

PRIMARY REG. DIST. NO. 6150

Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural New Lisbon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural New Lisbon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deora, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Deora, Missouri</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILES</u> b. (Middle) <u>RUDOLPH</u> c. (Last) <u>FOULNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 12, 1869</u>
9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>10</u>	11. DAYS <u>6</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
10a. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
13a. FATHER'S NAME <u>William Fowler</u>		13b. MOTHER'S MAIDEN NAME <u>Letty Kirkland</u>	
14. NAME OF HUSBAND OR WIFE <u>Kate Fowler</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kate Fowler</u> ADDRESS <u>Deora, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) <u>4-21</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILE DEBILITY</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <input type="checkbox"/> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-12-50</u> to <u>12-18, 1950</u> , that I last saw the deceased alive on <u>12-18, 1950</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. L. Davis, Jr., 2 Bloomfield Mo.</u>		23b. ADDRESS <u>12-21-50</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Dec. 20, 1950</u>		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-24-50</u>		REGISTRAR'S SIGNATURE <u>Thayer Morgan</u> 358	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thayer S. Morgan</u>		ADDRESS <u>Adrian, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1030

RECEIVED

JAN 5 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*William H. Morgan*  
.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

Licensed Embalmer No. *4640*

P. O. Address *Adams, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.